AEFLICATION FOR UNITED STATES PATENT **PECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND SYSTEMS FOR PROVIDING HALFTONE SCREENS

described and claimed	in the specification:	•		
Check one	attached hereto.			
*a. 🖂	filed on as Appli	cation No an	d amended on (if a	applicable).
b	that I have reviewed and unde	erstand the contents of the	above-identified specification	, including the claims,
I fieldby state	endment referred to above.		•	,
Title 27 Code of Fede	ral Regulations, §1.56. Under Inited States provisional applic	Title 35, U.S. Code §119	wn to me to be material to pater the priority benefits of the following y legal representatives or assign	llowing foreign
	U.S. Provisional Appli	cation No. 60/258,328, fi	led December 28, 2000	
United States of Amer	g application(s) for patent or in ica either (a) more than one yeation(s) and/or United States pr	ar prior to this application	is invention were filed in count n, or (b) before the filing date of	tries foreign to the f the above-named
I hereby appa application and to tran	oint the following as my attorn sact all business in the Patent (eys of record with full po Office:	wer of substitution and revoca	tion to prosecute this
ALL CORRESPOND BERRIDGE, PLC, F	irk M. Hudson, Registration Iward P. Walker, Registration ario A. Costantino, Registration R. Armstrong, Registration N. Richard E. Rice, Registration N. I. Webber, Registration And/or Richard DENCE IN CONNECTION P.O. BOX 19928, ALEXAND	No. 27,562; Thomas J. In No. 31,450; Robert A. ion No. 31,450; Robert A. ion No. 33,565; Stephen o. 36,430; Christopher Vn No. 31,560; Mark Coso. 34,275; Ronald F. Chn No. 20,881; Kevin R. d B. Domingo, Registra WITH THIS APPLICARIA, VIRGINIA 22320.	TION SHOULD BE SENT 7, TELEPHONE (703) 836-64	#11; 771; #63; #8,025; 2; ,402; 145; FO OLIFF & 00.
of my own knowledge statements were made imprisonment, or both jeopardize the validity	e are true and that all statements with the knowledge that willfu , under Section 1001 of Title 1 of the application or any pater	s made on information ar al false statements and the 8 of the United States Co	this Declaration, and that all sold belief are believed to be true elike so made are punishable to be and that such willful false so	e; and further that these by fine or
1 Typewritten	Full Name			
of First or Se	ole Inventor	Norman		ZECK
		Given Name	Middle Initial	Family Name
2 **INVENTO	OR'S SIGNATURE:	Toward W.	Jely	
3 **DATE OF	SIGNATURE:	November	12	2001
		Month	Day	Year
Residence:	Webster		New York	USA
•	City	Sta	ate or Province	Country
Citizenship:				
•	Post Office Address:			
	(Insert complete	1074 Webster Road		
	mailing address,			
	*	Walana Mass Mass	14590	
·.	including country)	Webster, New York	uding claims) at the end ther	

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

1	Typewritten Full Name of Second Joint Inventor (if any)		Peter	Α.	CREAN
			Given Name	Middle Initial	Family Name
2	**INVENTO	R'S SIGNATURE:	Juster		
3	**DATE OF SIGNATURE:		11-12-2001		·
3	DAILOI		Month	Day	Year
	Residence:	Penfield	New	York	USA
	City		State or Province		Country
	Citiconshim	USA .		_	
	Citizenship:	Post Office Address:			
		(Insert complete	4 Bremen Circle		
		mailing address,	Dan Cald Nove Vorte 1	1526	•
	_	including country)	Penfield, New York 14	1,320	·
1	Typewritten F	ull Name Inventor (if any)			
	of Third Joini	Inventor (y uny)	Given Name	Middle Initial	Family Name
		TIC CLONIATION.			
2		R'S SIGNATURE:			
3	**DATE OF	SIGNATURE:	Month	Day	Year
			Monui	Day	1 Cai
	Residence:			Descrings	Country
		City	State or Province		Country
	Citizenship:				
		Post Office Address: (Insert complete		•	
		mailing address,			
		including country)			
1	Typewritten I	Full Name			
	of Fourth Joi	nt Inventor (if any)		Middle Initial	Family Name
	•		Given Name	Wilddle Initial	raility ivalic
2	**INVENTO	R'S SIGNATURE:			
3	**DATE OF	SIGNATURE:			
3	22		Month	Day	Year
	Residence:		·		(Y)
	TCOSIGOTIOG:	City	State or Province		Country
	Citizenship:				
	Chizenomp.	Post Office Address:			
		(Insert complete	<u> </u>		
		mailing address, including country)			
	Typewritten F	-			
1	Typewritten F	Inventor (if any)			
	oj Fijin Som		Given Name	Middle Initial	Family Name
•	++1813/E81TA	R'S SIGNATURE:			
2					
3	**DATE OF	SIGNATURE:	Month	Day	Year
	Davidanas		Monat	24)	
	Residence:	City	State or Province		Country
	o		Citate C. A. Crimer		-
	Citizenship:	Post Office Address:			
		(Insert complete			
		mailing address,			
		including country)			

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.